

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RD	TS331	
O.I.P.E. CLASSIFIER		59	1-2-00
FORMALITY REVIEW	RS	61730	1-14-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	12/1/00
2	12/1/00
3	12/1/00
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy